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CLINICAL LECTURES.

MEDICAL CLINICS ON PRACTICAL SUBJECTS.

BY ROBERTS BARTHOLOW, M.D.,
Professor of Theory and Practice of Medicine in Medical College of Ohio.

Delivered at the Good Samaritan Hospital, Cincinnati, Ohio.

(Reported by Fred. Kebler, M.D.)

1. *Disease of the Aortic Orifice; Embolism; Right Hemiplegia.*

GENTLEMEN: The hemiplegic patient before us is only twenty-nine years of age. You are aware, of course, that it is not usual to see so young a man the subject of hemiplegia. Note, also, the mode in which the paralysis came on: three days ago he observed that his arm and leg were getting weak, and in a few hours he was surprised to find that he could not move them at all. There was no sudden stroke, no period of unconsciousness; none of those warnings, indeed, which we are taught to expect in these cases. Now the loss of power is so complete that, when I lift up the arm and let it go suddenly, it drops like a bar of lead. There is, also, considerable diminution of sensibility—of touch, of pain, of temperature; but, doubtless, the function of sensibility will soon be restored, the motor paralysis continuing.

Thus far we learn, merely, that we have to deal with a case of hemiplegia. My duty would be very inadequately discharged, indeed, if I were content to name

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the disease and then pass on to the treatment. I must ascertain the seat and nature of the disease. First of all, we learn that he is a boatman by occupation, a position in life of great hardship and exposure, and of great temptation; but he denies having had syphilis, and there is no history of rheumatism, so that we fail to find a diathetic cause for the brain lesion. Is it a case of cerebral hemorrhage? We reply in the negative, because there are no evidences of chronic arteritis, leading to the formation of miliary aneurisms, the central point in the pathogeny of cerebral hemorrhage. Although in the so-called paralytic form, even the most temporary loss of consciousness may not occur, there are present, besides evidences of degeneration of the vessels, very marked disturbances of the cerebral functions. It is true, in very young subjects cerebral hemorrhage may occur as a result of syphilitic disease of the arterial tunics, and of deposits (gummata) in the perivascular spaces, but, as already remarked, there is no history of syphilis. The symptoms in this case were such as attend obstruction of a cerebral vessel of small size; but not such obstruction as is produced by endarteritis and thrombosis. The form of blocking here is that of an embolus. The closure of the vessel occurred with comparative suddenness, without disturbance in the intellectual sphere, but with complete loss of motility. It is obvious, then, that the damage done was in a motor centre, and, as the right side was the seat of the paralysis, we may conclude that the embolus was lodged in the outermost part of the left *corpus striatum*, or in the white matter adjacent. I assume that the obstruction was sudden and complete, but far from extensive. Rejecting, as I have done, the other causes of obstruction, it is plain that the embolus came from a distant part of the vascular system. I need hardly state that we must look to the heart in explanation of the obstruction. When I come to apply the stethoscope to the cardiac region, my attention is at once arrested by a loud bellows murmur, audible with the greatest intensity in the aortic area, and synchronous with the systole. Having now the usual collocation of symptoms, namely: cardiac disease, right hemiplegia, it may be useful to indicate the reasons for this arrangement, and, further, to attempt to explain why we have not had here *aphasia* as one of the related symptoms. When endocarditis occurs, as everybody knows, so-called vegetations form, due chiefly to alterations in the parenchyma, but consisting also in part of fibrine whipped out of the blood. It is, of course, perfectly easy to comprehend how emboli may be detached, and entering the circulation be deposited in distant vessels. If so, what is the relation between the valvular lesion and the cerebral, as we find them in the case before us? The anatomical arrangement is such as to favor the passage of an embolus into the left hemisphere; the left common carotid is in a line with the blood current from the aortic orifice, and is given off directly from the aorta. The arrangement of the intra-cranial arteries is such as to direct an embolus into the left middle cerebral. It results from these facts that in a majority of cases we have the collocation I have dwelt on, namely: cardiac disease, right hemiplegia, and aphasia. That aphasia did not coexist in the case before us, is due to the deposition of the embolus in a vessel distributed to parts posterior to the seat of the language faculty.

I must now call your attention to the results of an embolic blocking of a cerebral vessel, as illustrated in the case before us. The kind of symptom produced will depend, necessarily, on the seat and extent of the affected part. A closure of a vessel in the medulla oblongata, for example, would produce very different symptoms from a similar accident in the *corpus striatum*. The immediate effect of a blocking of a cerebral vessel is an arrest of function of the part which this vessel supplies with blood. The localized anæmia thus induced at once disturbs the intra-cranial blood-pressure; collateral hyperæmia and œdema ensue, and important nutritive alterations quickly take place. When a motor centre is thus suddenly deprived of blood, it at once ceases to functionate, and the members with

which it is anatomically associated are said to be paralyzed. That is the accident which has happened to the patient before us.

Having determined the character of the case with which we have to deal, it remains to indicate the appropriate remedies. The therapeutic nihilism which is now the fashion would influence me, if my convictions were not firmly settled in another direction, to adopt a negative course: to advise rest, quiet, and a suitable diet, and await by a "masterly inactivity" the results of nature's efforts. I believe that much can be done, even in such an unpromising case, by suitably directed therapeutical means. The problem is, How to remove an obstruction in a distant vessel? If my theory is correct, the obstructing material is fibrinous in character, and the only possible means of removing it, and thus clearing the vessel, is to act on it by some suitable solvent. It is in a high degree probable that ammonia has the power to dissolve such an obstruction. At least, I may say, that ammonia has seemed to me to possess this power. Whenever all other reasons fail him the practitioner can quote experience to justify his action. As to the mode of administration, ten grains of the carbonate of ammonia can be given in a tablespoonful of solution of the acetate four times a day. When any reasons exist for supposing that a syphilitic taint is present, iodide of ammonium may be added to the prescription.

As this is a point of practice to which I wish especially to call your attention, I should not fail to mention that I have had results, to me surprising, in the use of this remedy or combination, in cases of cerebral obstruction due to chronic endarteritis, a condition of things so common in the aged. Giving this remedy, and seeing the signs of obstruction removed, I could not fail to connect the two events, the more especially as such improvement does not occur in the same class of cases, when the patients are left to nature.

[*Note.*—Under the use of the remedies above mentioned, there was considerable improvement in the condition of the patient. In the course of several months fresh difficulties arose, due, doubtless, to the very disturbed action of the heart. After death the cardiac lesions amply confirmed the diagnosis; one segment of the semilunar valves was partly torn from its base, and it was covered with vegetations. The embolus could not be found—it would be more accurate to say, could not be sought for—owing to peculiar circumstances, but softening and collateral hyperæmia and œdema were found in the situation diagnosticated.—R. B.]

2. *Epilepsy; Bulimia; The Milk-Cure.*

I have now to present an interesting example, and a most instructive one, of that sad disease—epilepsy. It is not my intention to deliver a didactic discourse on this disease; but to lay before you some important principles which should guide you in the therapeutical management of such cases.

As you can hardly fail to observe, the patient is a young woman in apparently good health. Acne are to be seen on her face, but this eruption is probably due to the use of bromide of potassium. Her countenance has the sad, pitiful expression—the physiognomy of epilepsy—but otherwise there is nothing external to indicate the presence of disease. But we learn from her mother that she has had convulsions for fourteen years. The seizures are characteristic in respect to all the objective phenomena: the cry; the deadly pallor of the face; the tetanic fixation of the muscles of respiration; the cyanosis; the general convulsions; the after-coma. The fits are becoming more frequent, notwithstanding the pustulation of the face indicates the free use of the bromide of potassium; they occur every night, and sometimes three in a night. It does not surprise us, under these circumstances, to learn that her mind is deteriorating. The treatment, pursued by various physicians, has consisted chiefly in the administration of the bromide of potassium. It is needless to say that thus far no advantage has resulted. It is obvious that the effect sought to be obtained was the arrest of the convulsions by the administration of a sufficient quantity of the bromides. It is a highly instructive fact, that altogether the most efficient remedy in the treatment of epilepsy has failed to ameliorate even the condition of our patient. Prescribing for a disease has, you per-

ceive, utterly failed. To continue to perpetrate this error would be simply foolish; we must ascertain, if we can, the underlying morbific influence.

Besides the epilepsy, what evidences exist of disease anywhere in the organism of our patient? As an intimate relation subsists between the sexual system and the cerebral, we at once inquire into the condition of the uterus and ovaries. We find no evidence of disease in these organs; not even functional derangement exists. Examination of the urine discloses a healthy state of the kidneys. The organs of circulation and of respiration perform their functions in a perfectly normal manner. In fact, excluding epilepsy, our patient presents no evidence of disease anywhere except in the organs of digestion. She has an appetite that can hardly be appeased—a canine appetite. Her mother tells me that she exhibits positive greed; that she bolts her food; that she snorts and blows with eagerness and haste; that she is like a carniverous animal, indeed. Swallowing in this way an extraordinary amount of food, we cannot be surprised that she suffers with a strong sense of discomfort after eating. She also regurgitates a part of her meals; acidity and flatulence are always present; the abdomen is distended, hard, and resonant on percussion, and an obstinate constipation, requiring the frequent use of purgatives, is a constant condition. Besides these symptoms, due to indigestion and a catarrhal state of the stomach, she has frequent attacks of gastralgia of a violent kind. We can have no difficulty in coming to a conclusion in regard to the present state of her digestive organs. On further investigation, I find that the first attacks of convulsions were apparently produced by acute indigestion. In fact, the disorders of digestion long antedated the convulsive seizures. We learn that no convulsions occurred during the teething period.

Before considering the question of the relation of the stomach disorder to the convulsive seizure, I must say something in regard to the notions which formerly obtained on the subject of intrinsic and extrinsic causes. It is only lately that a proper distinction has been made between true or essential epilepsy and epileptiform attacks. Formerly, every case of eclampsia, occurring subsequently to puberty, was held to be epilepsy. The convulsions which attend on intra-cranial lesions — for example, a tumour — were classed in the same category. You know, of course, that epilepsy is a neurosis—a functional nervous disorder—and that it has no constant association with any anatomical change. It is true, a great many lesions of the brain, and of its membranes, have been found after death; but such changes do not stand in a necessary causative relation to the convulsive seizures. On the other hand, various lesions in distant parts of the body have excited convulsions, as a tapeworm in the intestines, a stone in the bladder, an injured nerve filament in an extremity, etc. These two classes of causes, exciting an epileptic paroxysm, might be grouped as intrinsic and extrinsic. A moment's consideration will be sufficient to convince you that such a division will include cases of tumour of the brain, abscess of the brain, and other lesions; and will also include epileptiform seizures of a few days' duration, due to a mere irritation of a distant organ, and removable, it may be, by mechanical means.

The only extrinsic cause of eclampsia in our patient, so far as I have been able to discover, is the very pronounced stomach disorder, the details of which I have laid before you. It is probable that this long-standing stomach disease has been aggravated by the enormous doses of bromide of potassium which she has taken. When an attack is imminent, our patient feels a strange sensation in the epigastrium, and an influence which rises to the brain; consciousness is then lost. Is this an aura? It can hardly be so considered. In my experience, an uneasiness at the epigastrium is one of the most common sensations felt by patients at the beginning of the attacks, and occur in the case of those who have a distinct aura proceeding from a distant part of the body. This epigastric sensation is so common because, in a very large proportion of cases, epileptics have inordinate or canine appetites, or they bring on gastric derangement by bolting

indigestible food. On strict investigation, we find that gastric troubles preceded the fits in the case before us, so that the former stood in a causative relation to the latter, it is at least highly probable. To have an extrinsic cause produce such a perturbation as a convulsion, there must exist the so-called "neurotic temperament," or an abnormally excitable condition of the "spasm centre."

If the pathogenetic theory, just proposed, is correct, the most important part of the treatment will consist in remedies addressed to the stomach. In fact, we have already learned the inutility of treatment addressed to the disease, merely in the failure of the treatment heretofore pursued. In some cases of a similar kind, which have been in my charge during the past few years, I have learned the extraordinary value of the milk cure. For example, a young lady, who had been relieved of a tapeworm a short time previously, suffered from an extreme degree of gastro-intestinal catarrh. She became very anæmic, and as a result of the anæmia apparently, and after the expulsion of the parasite, she began to have epileptic attacks. The seizures were nocturnal chiefly, and a number occurred every night. She was treated in the most orthodox manner for the anæmia, and she had a great many remedies for epilepsy; but neither the anæmia, nor the epilepsy, were in the least degree improved. The fact is, a large part of the food with which she was stuffed was not digested, and did not benefit her in the least. I conceived the idea of treating her with milk to give the digestive organs an opportunity to recover. The result was most surprising; she did not have a fit after the treatment was fairly begun, after the first day. The digestive organs quickly improved in condition, so that she was able to bear the bromides in a few weeks. I do not doubt that I will report an equally favourable result in the case before us. She will be placed on the exclusive milk-diet as you have heard me describe it, and, as improvement in the condition of the digestive organs occurs, her dietary will be enlarged carefully until, finally, she will have a diet exactly suited to her condition. To hasten the restoration of the diseased mucous membrane, I will direct her to take a drop of Fowler's solution of arsenic three times a day.

When the stomach is relieved, we will find that the convulsive seizures will, at least, be greatly diminished in number. When her stomach is so far restored as to permit the use of solid food, we will then begin the administration of the bromide of potassium. In a few weeks the patient will be shown to you again, when you will be able to judge for yourselves how far success or failure has attended our efforts.

[The patient was presented to the class at the expiration of a month, when the professor made the following remarks:—]

The patient before you will be remembered as the girl with nocturnal epilepsy, three or more attacks occurring at night. Under the treatment then instituted, there was an immediate decline in the number of attacks, and for two weeks there have been none. The result has thus far justified my opinions and the practice based on them. Sufficient time has not yet elapsed for final conclusions, of course, but the amount of relief thus far afforded our patient justifies much hope for the future. This and other cases in various stages of the treatment will be shown you, from time to time, and then judgments may be formed from competent data.

3. *Cases of Chorea illustrating the Value of Narcotics.*

You are, doubtless, aware of the fact that chorea is one of the maladies which is supposed to demonstrate, in its behaviour under the influence of favourable hygienic conditions, the superiority of nature's methods. It has been shown, you know, that rest, quiet, and good food are quite adequate to effect a recovery in a week or two. Now, the cases I have brought before you to-day, will, I think, prove that there are some cases not so easily disposed of—that Dr. Diet, Dr. Quiet, and Dr. Merryman are not always the invincible practitioners supposed to be by their fast friends, the nihilists. Let me invite your especial attention to

the points in the history of these patients which bear on the question of treatment. Both have had distinct choreic movements for a long time—the first and older child, two years; the other, one year. They have been under an entirely judicious management in this house; both have been subjected to the most favourable hygienic influences; but although both improved somewhat, neither has recovered; and at the present time, after an entire suspension of the treatment for several months, they are as bad as ever. I need not tell you that they are fully developed examples of that affection Observe them; the voluntary muscles are in a state of incessant activity, especially of the older girl, and the movements are of the wild, disorderly, and incoordinate kind, so characteristic of chorea. But it was not my intention to deliver a lecture on the symptomatology of the disease.

I have said that the treatment of these girls was, on the whole, judicious; it was certainly orthodox. They had a generous diet; they were given abundantly of iron; they had, also, arsenic, strychnia, and other various, so-called nervines; and although these were patiently tried, recovery did not ensue, and the improvement which certainly did follow the practice was not maintained, for they are here again. It may seem to you extraordinary, that so simple a disease as chorea is not cured. Everybody will admit that there are cases of great severity that may not be cured—that may die even; but, surely, ordinary cases ought to be cured speedily, if our eminent colleagues, the nihilists, permit them to get well on diet and quiet. Any practical physician of large experience with chorea will tell you, if he is honest, that apparently simple, uncomplicated cases sometimes manifest a disagreeable tendency to persist in a modified form, and to linger, month after month, and with varying fortunes, now improving, now getting worse. Examples of this type are before us, and the question is, how shall we cure them? I now promise to redeem our credit in these cases, and bring about a cure. I purpose to treat them by a method which I have found very successful, and for the hint concerning which I am indebted to Trousseau. The method consists in a combination of the hygienical, the tonic, and the narcotic.

To the older girl I will give arsenic, as before—that is, three drops three times a day, after meals; to the other, who has, you perceive, enlarged and suppurating lymphatic glands, I will have administered the syrup of the iodides of iron and manganese. To both, as a part of the curative means, I will give every night a combination of chloral and morphia—to the elder, ten grains of chloral and a half grain of morphia; to the younger, half of these quantities. I direct the administration at night of these narcotics, not so much to procure sleep as to permit them to sleep off the effects of the remedies, so they may not interfere with the needed exercise in the open air. I predict that good effects will follow this treatment in a few days, and that all choreic symptoms will permanently disappear in a few weeks.

[The girls were presented to the class each week, to note the progress of the treatment.]

It is evident, gentlemen, that my prediction, made several weeks ago, has been fulfilled; no trace of the choreic movements is to be discerned in the voluntary acts, as we observe them to-day. Both patients have improved in condition, and all of the bodily functions are now performed in a perfectly normal manner. I am not unmindful of the good accomplished by hygienic means, nor do I underrate the value of the tonics given; but, as you are aware, I have a strong conviction that the tonics are less influential in effecting such results than the narcotics. With respect to the use of the morphia and chloral, it should be understood that these remedies are employed not so much to procure rest as to exert an antagonistic action against those irregular discharges of nervous force in which the disease consists. The great French clinician gave opium in enormous doses, in the severe cases, to prevent exhaustion from loss of sleep. The amount of morphia which he caused to be administered is almost incredible. To a girl, twenty years of age,

he gave thirty grains of morphia a day, for three days; and to another woman he gave fifteen grains at a single dose. Trousseau remarks, in connection with this subject, that medical men dread too much the use of opium in large doses in the neuroses. He stated a fact which I have repeatedly observed myself, that an extraordinary tolerance to its action exists in these cases. In the patients before us this tolerance was exhibited, but not in the heroical fashion, chronicled by the great French clinician. The dose given the older girl was soon doubled; that is, she took one grain of morphia every night until the jactitations ceased, when it was gradually reduced and discontinued entirely with the disappearance of the symptoms.

Finally, I should not fail to call your attention to a little point of practice in connection with the suppurating glands of the neck of the younger girl. You will, probably, remember that I prescribed for her the syrup of the iodides of iron and manganese. I had the abscesses emptied with the hypodermic syringe, and the collapsed sacs injected with the tincture of iodine, undiluted. When treated in this way these abscesses get well in a comparatively short time. Treated in the ordinary way, the pus-sacs allowed the empty themselves, they are extremely slow to heal, and unsightly cicatrices remain to torment the unfortunate patient.

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Summer Prurigo; Prurigo Æstivalis, seu Prurigo Adolescentium, seu Acne-Prurigo. By JONATHAN HUTCHINSON, F.R.C.S., Senior Surgeon to the London Hospital and to the Hospital for the Diseases of the Skin, etc.

GENTLEMEN: I have had much difficulty in finding a name which should be even tolerably appropriate to the disease which we are about to consider. I am not aware that it has been named or described by authors. Its prominent features consist in its tendency to relapse, or to continue with but slight intermissions over many years and in spite of treatment, to affect by preference the face and the upper extremities, to be worse in summer weather, and to commence usually at or about the age of puberty. It is generally more or less pruriginous, but not by any means intensely so, and the eruption consists of small red papules which look as if they were about to form pustules, but which never do so (abortive pustules). Unless they are scratched no ulceration takes place and no crusts form. Although, however, there are no crusts, yet minute scar are constantly produced. On the cheeks there is usually a good deal of diffuse erythema, much more than is shown in the portrait which I now exhibit.

In the boy who was the subject of this portrait[1] the disease affected the trunk as well as the upper limbs and face, but in most cases the eruption is limited to the face, neck, and upper extremities. The disease differs in some marked features from that known as "Hebra's Prurigo." First, the pruriginous element is very much less marked and the erythematous much more; secondly, the face is always affected, and the lower extremities less so than other parts; and lastly, whilst Hebra describes his form of prurigo as being always worse in winter, the reverse is the fact in this malady.

It would appear to have some alliance with acne, and on the face might easily be mistaken for that disease, but none of the spots ever pass into acne pustules, nor does it restrict itself, on the *trunk*, to the acne positions. Probably it has supplied part of the material from which the descriptions of *strophulus prurignosus* were given by the old writers; and the *lichen urticatus* of Bateman may possibly have included some examples of this malady in its earliest stage.

The portrait which we have before us is that of a boy named Charles P., and was taken in August, 1867, when he was under my care in this hospital. At the conclusion of our lecture I shall produce the lad and show you that his skin disease has at length quite disappeared. He is now under my care for another malady. The portrait was taken when he was thirteen years of age. He had been the subject of an eruption almost from in-

[1] See Plate xxxviii. of the New Sydenham Society's Atlas.

fancy. It was believed to have begun at six months old. For a long time it always got well in winter and relapsed in summer. He was covered from head to foot with the spots, all his extremities being affected, the palms of the hands and soles of the feet alone being exempt The spots were everywhere scattered, not arranged in patches. They presented conical elevations of a light red tint, and in the centre of some of them were minute accumulations of fluid. Most of them might be described as abortive pustules, for they looked in the early stage as if threatening to become definitively pustular, whilst but few really did so. The skin when he first came to me was marked all over with very shallow white cicatrices which the eruption had left. He had never had smallpox. The eruption showed but little preference as regards different regions. It was, however, especially copious on the cheeks, forehead, and back of neck. He was thin, and his skin was somewhat harsh and brown, but he considered himself in good health. The eruption did not seem to occasion him any great annoyance; he said that it itched only at night, and gave him no trouble in the daytime. He asserted that usually it got quite well in the winter, only coming out in warm weather; but on the present occasion his attack had begun at Christmas, and had persisted during four months of cold weather. He did not notice any difference in his general health.

The following note records the state of the lad several years later:—

"He has grown well and appears to be in good health. The eruption is at present out only on the backs of his arms, slightly on the forehead and over the buttocks. His skin is everywhere spotted with small cicatrices, most of them very superficial, but so abundant that on his chest, back, and arms a marbled appearance is produced. His mother, who comes with him, states that the first outbreak in infancy occurred after measles, and was supposed to be a 'measles rash.' She says also that it has at times covered the whole surface of the body with the exception of the flexures of the joints and the palms and soles. He has always had it less on the legs than elsewhere, and the parts most severely affected have been the face, backs of the hands, and arms. He has had repeated bad attacks since the portrait was taken, although on the whole the disease appears to be getting milder. For two months at midsummer of this year the eruption was very freely out, and his legs were so much swollen that he was obliged to stay at home. As a rule, he continues regularly at his work, and suffers but little inconvenience from his eruption. He complains somewhat of irritation when he is hot, and he habitually scratches, but he states that he is never kept awake at night by itching."

You will see from this that this case differs somewhat from the statements which I have made as regards the general facts as to this malady. It began very much earlier than is usual, and it has affected a greater extent of surface. The parts which were exempt are almost precisely the same as those which escape in "Hebra's prurigo," with the difference that in the present case the face and the back of the neck are severely affected. We must note also that whilst in the disease described by Hebra the skin becomes dense, hard, and thickened, and there is often a marked tendency to eczema, these phenomena are wholly wanting in this patient.

In further proof that the case does not fit with the Vienna malady, I now produce the patient. Hebra asserts in the most explicit language that the prurigo which he describes is absolutely incurable. This young man, however, although now only twenty-three, has got quite rid of his complaint. It had been slowly declining for some years, and at present his skin is quite free. It is, however, spotted all over with minute white scars, not so deep as those of smallpox, but producing a very curious appearance. He is now under care for strumous disease of both testicles. So much had his appearance altered by the cure of the eruption that I did not in the least recognize him until he reminded me of his identity.

The next case which I shall bring before you is one which in some respects

approaches nearer to Hebra's type. In it we have a tendency to eczema, and the patient is as yet far from cured. Here again, however, we must note that it is a summer malady, and further, that it did not begin in infancy. The patient had a clear skin until she was eight years old. Her first menstruation had occurred before any spots showed themselves. Thus it would appear to connect itself with the adolescent period.

Case of very Severe Prurigo, which began at the age of eight, and has now persisted with increasing severity for five years; Summer Exacerbations; Tendency to Eczema; Face affected; Œdema of Lower Extremities.—Harriet S., aged thirteen. In this instance the history, which is given with great intelligence and clearness, is that the child had a perfectly clear skin till the age of about eight years and a half, that she was not liable to irritation from fleas, that she had had chicken-pox at five, and had had nothing unusual after it. When she was eight years and six months old she menstruated for the first time, and very shortly afterwards began to suffer from an eruption on her arms. At this time she was accustomed to have the arms bare. The weather was hot, and the first suspicion was that the eruption might have something to do with the heat. From the first it itched very much, so that the child's mother used to tie up her hands to prevent scratching. She got better in winter, but it did not quite leave her. It relapsed again the next summer, but continued for two years or more quite confined to the arms. Next it extended to the shoulders and trunk, and then passed over the body. It is only for the last three or four years that it has affected the face.

At the present time (October 30, 1875) she is very much better, partly in connection, probably, with the time of the year, and partly from treatment with the tar baths. During the past summer she was for two months in the London Hospital (under a colleague); the eruption was very bad, worse than ever before, when she went there; it had been getting worse every summer.

The eruption avoids the parts where the skin is thin. Thus, the flexures, the sides of the neck, and the adjacent parts of the chest are free. It is very severe on the shoulders, backs of the upper extremities, the whole of the back, on the hips, and on the whole of the lower extremities excepting the popliteal spaces. On the face it is severe on the sides of the cheeks and below the ears, whilst it extends with slighter severity over the whole of the front of the face and forehead. It was formerly present severely on the backs of the hands, but is now nearly well there. It extends also on to the whole of the dorsal surfaces of the feet. It does not affect with any special severity either the fronts of the knees or tips of the elbows, though a few spots are seen there. The palms, soles, and scalp have always been quite free. The eruption is modified at such an early stage by scratching that it is difficult to say with confidence what its original type may have been. It consists at present of small papules with ill-defined borders, which are either simply abraded or covered by a thin adherent scab. Amongst these papules are everywhere numerous white superficial scars. The skin is discoloured and harsh, and at some parts decidedly thickened. On the lower extremities there is decided thickening of the subcutaneous cellular tissue, so that a line is seen where the tops of the boots press, above which the whole leg is equally swollen.

The spots have always been liable to bleed when scratched. No evidence of pediculi now, but at one time she had some on the head, but without relation to the disease. There is no history of skin diseases in the family, and she is the only one out of seven children who has any eruption.

The child has been under much medical treatment, and three years ago was an out-patient for a long time at one of our largest hospitals. She has already derived great benefit from the use of a tar bath every night, and now sleeps fairly.

Her mother considers that the condition described in the above notes is the best that she has attained in the summer for

several years past. Although much better in the winter, she has never got quite well.

This case bears in most respects a very close resemblance to that of the lad Charles P. It differs from that case chiefly in that the pruritus has been far more severe. In P., although the irritation was worse at night, he was never kept awake, and in the daytime he had no itching whatever. In P. the disease had begun in infancy, whilst in this girl it did not occur until the age of eight. In both cases the entire exemption of the palms, soles, and scalp, and the comparative freedom of the flexures and other parts where the skin is thinnest, are to be especially observed. Again, in both cases we have the strong statement that the disease is worst in summer and comparatively if not absolutely well in cold weather. In both the skin of the back is marbled over by superficial white scars. In both there has been a tendency to inflammatory œdema of the lower extremities when the eruption has been severely out. In Charles P.'s case it was suggested that the disease was consequent on measles, but in the case of the girl there is no such hypothesis, and the evidence is clear that it began on, and was for a considerable time restricted to, the upper extremities, and that it only spread after a considerable period to the rest of the surface. We may note that this latter fact is tolerably conclusive as to the disease not having begun from the irritation of lice, for it attacked the arms first—the parts which would almost certainly have been avoided by these parasites. The evidence in the girl's case is yet stronger than in that of the boy in favour of the supposition that the disease is a pure prurigo, and that the papules, pustules, scabs, and other evidences of inflammation of the skin, are secondary, and due almost wholly to the patient's scratching. In neither case has there been at any stage any tendency to the formation of wheals, as in urticaria. The degree of chronic thickening of the skin appears to be in proportion to the scratching, and is much more marked in the girl's case than in that of the boy.—*Med. Times and Gaz.*, Feb. 16, 1878.

(*To be concluded.*)

HOSPITAL NOTES AND GLEANINGS.

Uterine Hæmatocele.—The following case was treated by Dr. Hall Davis at the Middlesex Hospital, and, according to the editor of the *Lancet* (March 30, 1878), it is "inferentially conclusive against female accoucheurs."

P. W——, the subject of this case, was a young and single woman, aged twenty-one, a brunette of medium stature, fairly nourished, a waitress, and a native of Folkestone. She was admitted Nov. 22d, 1877, and discharged convalescent Dec. 22d.

The previous history of her family was unimportant; that of herself was as follows: Menstruation commenced at the age of seventeen years, but up to April, 1877, her "periods" were irregular, sometimes absent for three or four months, but from April up to the time of the present attack menstruation had been normal. While menstruating, seven days before admission, she was suddenly seized with severe abdominal pain and prostration, and later with vomiting, diarrhœa following shortly after. She soon noticed for the first time a hard swelling in the hypogastrium, very tender on the least pressure.

On Nov. 18th, Dr. Hall Davis was requested by her mistress to see her. Diarrhœa had then ceased, but the vomiting and severe abdominal pain continued. The pulse was small, 130; temperature 102°; face blanched; expression anxious. A solid enlargement, well defined, having a pretty uniform surface, was felt extending from the pelvic cavity up to the navel, and to an equal extent on each side of the linea alba—namely, opposite to the middle of each Poupart's ligament. Vaginal examination presented conditions hereinafter described. The cause of the attack appeared to have been exposure to cold and over-exertion during the menstrual period. Suppositories of morphia, one-third of a grain, were administered as often as required, linseed poultices were applied

to the abdomen, and ice was given to suck. Upon this the pain and vomiting subsided, and on the fourth day she was, for better nursing, removed to this hospital.

On admission the pulse was 108, the temperature 98.8°, and the respiration 36. The urine was free from albumen. The tongue was white-furred, the papillæ prominent. There was an abdominal enlargement as above described—now, however, bearing firm pressure; it yielded no pulsation, murmur, or fluctuation, and was dull on percussion. Vaginal examination detected a small cervix, an enlarged body of uterus, a solid deposit behind the body of uterus and to left of it, and tender on pressure. On Nov. 23d the pulse was 120 and the temperature 100.8°. Recurrence of vomiting and pain required a return to the morphia suppositories, of which three were administered before bedtime. Ice and hydrocyanic acid were given every four hours, with soda-water. She was nourished by enemata of beef-tea, egg, and a little brandy. She passed a good night, and on the following morning the vomiting had ceased and the pain was slight. On the 27th the pulse was 96 and temperature 98°. No pain unless when moved. The mass felt per vaginam contiguous to the uterus was softer and less tender; the abdomen also was less tender. From this time there was a steady improvement: although the abdominal tumour had not decreased in size by Dec. 2d, it was softer. On the 6th the tumour was less, the os uteri was soft and patulous, and a glairy, sanguineous discharge, evidently menstrual, escaped from the uterus. Two days later the abdominal tumour was still softer, its upper boundary being three-quarters of an inch below the umbilicus. On the 11th the uterine tumour did not extend higher than an inch and three-eighths below the umbilicus, and its breadth was three inches. By the 18th the tumour had sunk its upper limit to two inches and a quarter below the umbilicus, and the breadth was two inches and six-eighths. She left the hospital, convalescent, for Folkestone.

In February she presented herself for inquiry, when the uterus was found to have become entirely a pelvic organ, and but little larger than normal. She had again menstruated.

Remarks.—The diagnosis and cause of the malady were evident from the history, viz., a rapid enlargement of the uterus, and solid deposit in some of its connections, occurring in the course of a menstrual period from over-exertion and exposure to cold, an effusion of blood into the cellular tissue of the parts affected being the consequence, accompanied by temporary prostration. The treatment was adapted to the symptoms, the vomiting and the severe pain, due partly no doubt to local pressure by the effused blood, partly also to local peritonitis. The absorption of the effused blood was sought to be promoted by the exhibition of iodide and bromide of potassium, and the application externally of iodine ointments. Complete rest in bed for the requisite period, and removal to the seaside on leaving the hospital, were not unimportant elements in the cure.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The other Cinchona Bases compared with Quinia.—Dr. WILLIAM K. NEWTON, of New York, in a short article on this subject (*Med. Record*, April 6, 1878), deduces from given data that the cinchona bases compare with quinia as follows, in the order given:—

Quinidia sulphate, when chemically pure, is almost a duplicate of quinia, and may be given in the same doses; it does not cause any more gastric troubles than quinia; even the commercial salt is as efficacious as quinia.

Cinchonidia sulphate is also closely allied to quinia in its effects, and may be given in the same doses; but it is more apt to cause nausea and vomiting, and even purging, than quinia or quinidia. This salt is not recommended in diseases of the genito-urinary system, or after operations on this tract; neither is it to be given when shock exists.

Cinchonia sulphate is a valuable antiperiodic, but must be given in larger dose than the other salts. It is quite apt to

produce gastric disturbances and cause purging.

Thus it may be seen that the three alkaloids may be substituted for quinia; but that quinidia and cinchonidia are better substitutes for that salt.

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Death from Chloroform.—A lady, aged thirty-four, died at Philadelphia, on the 20th of March, from the inhalation of chloroform, administered prior to the extraction of some teeth. *Post-mortem* examination revealed a fatty heart.

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Kentucky State Medical Society.—This society met at Frankfort on the 2d of April. Owing to the decease of Dr. L. P. Landell, Sen., President elect, Dr. Dismukes, senior Vice-president, presided.

The following officers were elected for the ensuing year: President, Dr. Charles A. Todd, of Owensboro'; Vice-Presidents, Drs. W. H. Wathea, of Louisville, and A. Price, of Harrodsburg; Secretary, Dr. J. Letcher, of Henderson.

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Iowa State Medical Society.—The twenty-sixth annual session of the Iowa State Medical Society was held in Des Moines, January 30-31, 1878. There was a large attendance and an interesting session. The following officers were elected for the ensuing year:—

President, A. M. Carpenter, M.D., of Keokuk; Vice Presidents, D. W. Crouse, M.D., of Waterloo; G. W. Carter, M.D., of Marshalltown; Secretary, J. F. Kennedy, M.D., of Des Moines; Treasurer, Dr. G. R. Skinner, of Cedar Rapids.

The next session will be held at Davenport, the last Wednesday of May, 1879.

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Medical Graduates in 1878.—(Continued from page 59.)

Atlanta Medical College	24
Columbus (O.) Medical College	50
University of Louisiana	56
University of Nashville and Vanderbilt University	90
Rush Medical College (Chicago)	129
Chicago Medical College	47
Detroit Medical College	20
McGill University (Montreal)	27

Obituary Record.—Died, in Philadelphia, April 6th, 1878, Francis Gurney Smith, Jr., M.D., in the 61st year of his age.

We regret to announce the death of this well-known physician and teacher of medicine. He began his public life as a lecturer on Physiology in the Philadelphia Association for Medical Instruction, and subsequently held the corresponding chair, first in the Pennsylvania Medical College, and afterwards for fifteen years in the University of Pennsylvania. At different times he was a Resident Physician in the Insane Department of the Pennsylvania Hospital, and Attending Physician to St. Joseph's, the Episcopal, and Pennsylvania Hospitals, and to the Orphans' Asylum of this city. During the civil war he was Surgeon in charge of the U. S. Army Hospital, Christian St., and was afterwards Government Physician to the U. S. army officers in Philadelphia. He was Chairman of the Committee of Publication of the American Medical Association from 1856 to 1876, and editor of the *Medical Examiner* from 1849 to 1853. He was the American editor of Marshall's *Outlines of Physiology*, of Carpenter's *Human Physiology*, and of the same author's work on the *Microscope*. He also translated an abstract of Barth & Roger's *Manual of Auscultation;* and, along with Dr. John Neill, prepared the *Compendium of Medicine*, which was long a favorite text book with students. Dr. Smith was a Vice-President of the American Medical Association in 1870; Fellow of the College of Physicians, and a member of several medical societies; of the Obstetrical Society he was one of the original members, and its first President, serving from 1868 to 1872.

This enumeration of the offices held and the works published by Dr. Smith suffices to prove that he was an industrious man, for none other could have fulfilled as he did the duties they imposed. He took especial interest in didactic and clinical teaching. Beginning his professional career as a teacher, he speedily gathered around him as office pupils a number of devoted young men, many of

whom became students of the Association for Medical Instruction. In that self-created Faculty he found colleagues as enthusiastic and ambitious as himself, nearly all of whom subsequently became professors in medical schools. There he learned the art of lecturing, and with great pains sought to perfect himself by collecting ample materials, arranging them logically, and illustrating them abundantly, thus convincing the judgment of his hearers as much as he secured their attention by his earnest and winning style of delivery. Probably no medical professor devoted more time to the preparation of his lectures, even in their minute details, and hence they always left upon the minds of his class an impression of completeness that few others produced. He was one of the first in this country to illustrate physiology by means of living animals, and to use for class demonstration of microscopic objects the electric light, the camera, and the screen. His experiments were so carefully prepared that they rarely failed of their purpose, and were received enthusiastically by his delighted audience. In his hospital lectures he strove to inculcate physiological views of diseases and their treatment, a method which is fitted to impress the memory and gratify the craving for rational explanation. When increasing business and failing strength compelled him to divest himself of a portion of his public duties, there was perhaps none that he gave up so unwillingly as his clinical lectureship. The practice of Medicine and Obstetrics was, however, his first love and his last. The stern but salutary law of necessity compelled him to hew a road to reputation and independence; and, in order to achieve this purpose, he relinquished almost every pleasure to which his social position, his education, love of general knowledge, and refined taste invited him. His excessive devotion to professional duty beyond all doubt laid the foundation of the diseases which aged him prematurely, and ended his life when he had earned the right to enjoy it. His career as a practitioner was singularly fortunate in that from the first his admirable principles and breeding secured for him the confidence of the refined and influential classes, whose friendship he retained to the end of his life. He was never content with a mere discharge of duty, but always, in the liberality of his attentions and his personal interest in his patients, gave far more than mere duty required, and than any pecuniary return could compensate.

Dr. Smith took a lively interest in the University, his Alma Mater in letters as well as Medicine, and especially in the changes attending its removal to West Philadelphia. We believe that no one else procured by personal influence such large contributions to the building fund of its medical department. When at last ill health compelled him to resign his chair, no better proof could be given of his having filled it with unexceptional ability than the difficulty felt by the Board of Trustees in finding a competent successor; for, although more than a year has elapsed since his resignation, no permanent appointment to the place has yet been made.

Dr. Smith had a manly, erect, and graceful figure; a bright and prepossessing countenance; a singularly sweet and gentle voice; and his manners were both courteous and dignified. Witty and humorous, his social companions were often made merry by his sallies and anecdotes, and his equitable judgment influenced their opinions. His candor and sincerity were above all suspicion, and he lived, as he talked, in perfect harmony with himself and truth. He has left behind him a character which, for symmetry, solidity, and purity, has seldom been equalled, and which may serve as a model to all who feel that the highest professional station is most illustrious when it is adorned by the most sterling moral qualities.

FOREIGN INTELLIGENCE.

The Physiology of Voice and the Phonograph.—The years 1877 and 1878 will be noted in the annals of science for the great additions which have been made to our knowledge of acoustics, and especially to the physiology of speech. Hitherto all attempts to construct a musical instru-

ment capable of imitating the human voice have been so far failures that the idea was very generally held that the sounds peculiar to the voice of man were producible only by means of the human larynx and the human mouth. Edison's phonograph, however, has revolutionized our ideas on that point, for in it we are confronted with the phenomenon of a machine, made entirely of metal and paper, emitting articulate words in tone and measure resembling those of the original speaker. The human quality of the words emitted by Edison's phonograph is calculated to astonish and appall those who hear it for the first time, and the extreme simplicity of the mechanism adds greatly to our wonder at the result. The phonograph is formed of a receiving drum, a recording cylinder, and a transmitting drum. The receiving drum consists of a disk of thin metal fitted into the thin end of a short conical tube. This disk has a blunt needle fastened to its centre, and this needle can be made (with each vibration of the disk) to impinge on the recording cylinder. The necessary vibrations of the receiving drum are caused by speaking loudly and distinctly down the conical tube of which it forms the end. The recording cylinder is made of brass, and is about four inches in diameter. It has a revolving and a horizontal motion, and is marked on the surface by a spiral groove, the thread of which passes exactly opposite the needle of the receiving drum. When it is desired to make a record of a sound or a speech the recording cylinder is covered with a thin sheet of tinfoil, which is readily indented by the slightest movement of the needle of the disk of the receiving drum which impinges upon it, each dent in the tinfoil sinking into the groove of the cylinder. The cylinder is set in motion, and at the same time some one speaks loudly and distinctly into the tube of the receiving drum, thereby causing the drum to vibrate in response to each wave of sound. As a result of this we see the surface of the tinfoil marked with a spiral line of tiny indentations, which have been made by the needle of the receiving drum, the characters of the indentations varying remarkably with the pitch and characters of the sound which had produced them. Thus the record is made by the production of inequalities on the surface of a sheet of tinfoil by means of a needle attached to a vibrating disk. These inequalities are capable of causing in the transmitting drum vibrations exactly similar to those to which they owe their origin. The transmitter consists of a paper drum-head fixed in a circular frame. In front of this drum-head and attached to its frame is a steel spring, the end of which, just opposite the centre of the drum-head, is furnished on one side with a needle, which can be made to impinge on the spiral groove of the cylinder, while from the other side a silk thread attaches it to the centre of the drum-head, the thread being sufficiently taut to keep the drum-head slightly convex. The cylinder being brought back to zero, and the needle of the transmitter being made accurately to impinge upon it, we hear, when the cylinder is made to rotate, the sound produced by the vibrations of the drum-head as the inequalities of the tinfoil travel over the end of its spring needle. This sound is almost indistinguishable from the human voice.

By means of a water-tympanum the horizontal vibrations of the drum-head can be made to move a pen vertically, and we are thus enabled to get a tracing, showing the force and duration of each vibration. Such an arrangement is called a phonautograph. The phonograph and the phonautograph present us, as it were, with the ground plan and section of the waves which produce articulate speech.

The complicated mechanism with which we speak, a mechanism the perfection of which is ever a source of wonder, is not, it must be remembered, a simple acoustic instrument. Its various parts have more than one function, and these functions, so intimately connected with nutrition and respiration, are each of them more essential for the life of the individual than speech. As regards speech itself, it is wonderful how little seems to be absolutely necessary for its complete performance. The utterances of ventriloquists have made it highly probable that very perfect articulation is producible without any appreciable movement of the lips or

tongue, and experiments made for us by disease and surgery have confirmed these surmises. Operations for removal of the tongue have proved that a man can talk fairly well without this organ; loss of the epiglottis causes only a slight alteration of the character of the voice; one vocal cord (in cases where one is completely ulcerated away) seems capable of producing sufficient vibration for the purposes of phonation, and where both are removed the aryepiglottic folds, as Dr. Yeo and Mr. Lister have lately shown, seem capable of, in some sort, supplying their place; or, as Dr. Foulis has demonstrated, the function of phonation can be performed by an artificial reed placed in the larynx, the sound of which is capable of being moulded into articulate speech by the cavities of the mouth and nose. Lastly, the phonograph shows us that the majority at least of articulate sounds are producible without the aid of the peculiar resounding cavities of the mouth and nose; and some experiments conducted by Fleeming Jenkin and Ewing, which are foreshadowed in last week's *Nature* seem to indicate that Helmholtz's theory, that the vowel sounds are due to the prominence of notes of absolutely definite pitch, is not tenable. The pitch of the sounds emitted by the phonograph varies with the rate of its rotation, and Messrs. Jenkin and Ewing have found that the character of the vowel sounds is accurately maintained, no matter how quickly the cylinder of the instrument be made to revolve.—*Lancet*, March 23, 1878.

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Pulmonary Hydatids in a Child.—Dr. Toeplitz. of Breslau, relates the case (*Berlin. Klin. Wochenschr.*, No. 24, 1877) of a boy, five years of age, who at Christmas, 1875, was attacked with febrile symptoms and cough, without any appreciable cause. The cough persisted, short and dry, and resisted ordinary remedies. At the beginning of March, 1876, when apparently quite well, the child was seized with a severe paroxysm of coughing and symptoms of imminent suffocation, the attack terminating with the expectoration of a dense, yellowish-white membrane, covered by blood-stained mucus, and followed by slight hæmoptysis. Other attacks ensued at intervals, and after the fourth of these the child was brought to the hospital. It was well developed; pulse 144; temperature normal; respiration 40, not laboured. Thorax was well formed, but there was appreciable bulging of the right side, especially at its lower part; and there was dulness or percussion over the right back from the spine of the scapula downwards, and in the axilla. Anteriorly, the resonance became impaired from the fifth rib downwards. The breath-sounds and vocal fremitus were much weakened over the dull area. The apex of the heart impinged slightly outside the left nipple. The expectorated membrane was structureless and hyaline in appearance, but at its margin the characteristic lamination could be detected. No booklets were found. On two subsequent occasions, in the month of May, more membrane was expectorated, and hæmoptysis was occasionally produced. The treatment was mainly medicinal, iodide of potassium being freely given. By September the cough and other symptoms had disappeared, but the physical signs remained unchanged. It appears that the child was in the habit of playing with a dog belonging to its parents, and it is quite possible that it may have become infested with the echinococcus through this animal.—*Lancet*, March 16, 1878.

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The Rôle of Lymph in the Cicatrization of Wounds.—In a paper read before the Société Médicale du Haut Rhin, Professor Koeberlé discussed the part played by lymph in the cicatrization of wounds. He remarked that as long as the flow of blood continued that of the lymph was unobserved. Yet it is well known that in a cut which affects lymphatics as well as bloodvessels, lymph continues to flow in spite of the exercise of an amount of compression sufficient to arrest hemorrhage. This exudation is only stopped when the occlusion of the lymphatics is complete. After a certain time this liquid, at first very fluid, becomes plastic; it contains fibrine which undergoes coagulation, as may at any time be seen

on wounds caused by vesicatories. On this account, therefore, lesions or cuts intersecting the lymphatics are more difficult than others to heal by the first intention. Moreover, the lymph easily becoming puriform gives rise to the sanies which, infiltrating the tissues, occasions erysipelas, secondary hemorrhages, and other accidents consecutive upon a wound. This stagnation of the sanies is rendered evident by redness and pain occurring at some point in the line of the cicatrix. It then becomes necessary to allow of its escape by opening the wound at this point. Observation shows that in the middle line of the body, where there are few lymphatics, immediate union often occurs; and further, that longitudinal incisions, which do less injury to the lymphatics, heal better than horizontal ones. Professor Koeberlé hence draws the conclusion that, when practicable, incisions should be made parallel to, and not across, lymphatic vessels.—*Lancet*, March 16, 1878.

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The Composition of Pus.—The twenty-fifth part of Fehling's *Neue Handwörterbuch der Chemie* contains a short but carefully worked-up article on pus, in which, after some preliminary account of its general characters, the following particulars are given. The constant chemical constituents of pus are water, alkali, albuminate, and three other albuminous bodies, one of which coagulates at 48° to 49° C., and is insoluble in a 0.1 per cent. solution of common salt and in a dilute solution of soda; a second insoluble in water, but swelling up in a solution of salt, and soluble in a 0.1 per cent. solution of hydrochloric acid; and a third insoluble in a solution of salt, but soluble in a 0.1 per cent. solution of hydrochloric acid. In addition it contains nuclein, fats, soaps, cholesterin, lecithin, cerebrin, phosphuretted fats, and inorganic salts, of which the chief are sodium chloride, phosphates and carbonates of the alkalies, phosphate of lime, and some iron oxide. The nuclein albuminous constituents, cerebrin, cholesterin, and lecithin, belonging to the pus-corpuscles. The occasional or, as they may be regarded, abnormal constituents of pus are mucin (from mucus membrane), chondrin, gluten, chlorrhodinic acid, pyocyanin and pyoxanthosis (in blue pus), biliary acids and pigments (in the pus produced in icteric patients), grape sugar (in diabetics), and urea. When long exposed to the air, pus passes into acid fermentation, and then contains leucin, formic, butyric, and valerianic acids. Hoppe Seyler found in 100 parts of the serum of pus: water, 90.96 per cent.; solids, 9.04, of which albuminoids formed 7.02; lecithin, 0.10; fats, 0.04; cholesterin, 0.07; alcohol extract, 0.06; water extract, 0.92; inorganic salts, 0.77. One hundred parts of dry pus-cells contained albuminoids, 13.726; nuclein, 34.257; insoluble substances, 20.566; fats, 14.383; cholesterin, 7.400; cerebrin, 5.199; extractive, 4.433; and nearly 2 per cent. of salts.—*Lancet*, March 16, 1878.

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Deafness in Bright's Disease.—In a paper in the *Gaz. Heb.*, Jan. 23, Dr. Dieulafoy calls attention to the fact that deafness in various degrees is a much more frequent phenomenon in Bright's disease than the few allusions made to it by writers on this affection would lead us to suppose. Since he has paid attention to the subject, he has found various affections of the ear prevail (from complete deafness to mere impairment of the sense of hearing or noises in the ear) in fifteen out of thirty-seven cases of chronic or acute nephritis that have come under his notice. As to the forms of Bright's disease to which these troubles of audition chiefly belong, before this can be determined many more cases with autopsies will have to be observed; but, at all events, no form of the disease is exempt from such accompaniment, which may occur at any stage of the disease, although, while sometimes preceding other symptoms, it most frequently does so at an advanced period of it. Generally these disturbances of audition are temporary, lasting for days or weeks, when they may diminish or disappear, to reappear at a future time. In only one of the cases observed did the deafness become permanent. These disturbances of hearing may sometimes prove

useful in determining a difficult diagnosis. —*Med. Times and Gaz.*, March 30, 1878.

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Latent Gastric Sphacelus.—A curious case, interesting both from a medico-legal and a purely medical point of view, has been recorded by M. DUJARDIN-BEAUMETZ. A man, forty-seven years of age, stated that he had been attacked five days before with hæmatemesis and gastric pain. There was no tumour, nor marked gastric disturbance, a milk diet being borne without discomfort or sickness. A few aphthous-looking ulcers in the mouth puzzled the physician; but the case appeared to be one of simple gastric ulcer. In this state, without vomiting, and with but little gastric pain or sickness, the man lived for a fortnight, and then died suddenly. An autopsy revealed that the whole of the stomach, except the pyloric region, had sloughed, the necrosis involving not only the entire thickness of the wall, but also the diaphragm and omentum, so that when the slough was removed, the lung, liver, the whole spleen, and the intestine were exposed. Such a lesion could only have resulted from the action of a caustic liquid, and this explained the ulcers observed in the mouth. On inquiry it was elicited that the man had been for some time much depressed, owing to the want of employment. Just before the first hemoptysis he had retired, apparently well, and on returning had fallen on the floor, calling out that he was dead, and begging for water. Then followed the hæmatemesis. Thus there could be no doubt that he had attempted suicide by swallowing some corrosive liquid, and that he had successfully concealed the attempt, maintaining for a fortnight the appearance of health, and the apparent integrity of his digestive functions, although the greater part of the stomach was necrosed. It was apparently the separation of the slough which had determined his death.—*Lancet*, April 6, 1878.

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The Treatment of Ulcers.—According to Dr. MANDELBAUM, of Odessa (*Berl. Klin. Wochenschrift*, No. 10, 1878), all ulcers of the leg and elsewhere, whatever their character, age, and extent, can be cured by the following method. If they are very deep, with much loss of tissue and with undermined, uneven, callous edges, they are first to be scraped away until healthy tissue is reached, with the modification of Volkmann's spoon as suggested by Hebra; they are then to be covered for several days with a thick layer of iodoform until fresh granulations spring up (as they are certain to do), and until the base of the ulcer has reached the level of the surrounding skin. When this point in the healing process is reached, the ulcer is to be strapped daily with equal parts of mercurial and soap plaster of rather soft consistence, and carefully and evenly applied. Shallow ulcers which are only covered with a thick layer of pus require no preliminary scraping, and can be at once treated with iodoform, and later on strapped as above described.—*Med. Times and Gaz.*, April 6, 1878.

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A Caustic-Holder Swallowed.—The application of nitrate of silver to the fauces is attended sometimes with other risks than those generally recognized. According to Dr. R. DEMME, of Berne, a practitioner was lately cauterizing the tonsils of a child, five and a half years of age, with fused nitrate of silver, fixed in a silver-plated caustic-holder, four inches long, when the instrument slipped from his fingers into the pharynx, and was swallowed before he could seize it again. It appeared to pass down the œsophagus without any special difficulty or distress. Large quantities of milk, oil, and melted fat were immediately administered. For the first few days constant vomiting occurred, and subsequently brownish mucus was ejected. Gradually, however, the vomiting ceased, and solid food was again taken. The motions during this time were liquid and offensive. Nearly three weeks after the accident the caustic-holder was passed per anum, inclosed in thick masses of mucus. With the passage of the foreign body the symptoms, which continued those of alarming weakness, improved, the only remaining disturbance being the frequent occurrence of obstinate constipation. The case illustrates the great danger of making applications to

the throat with a caustic-holder of insufficient length to permit of a firm grasp, especially when the patient is a struggling child.—*Lancet*, April 6, 1878.

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The Vomiting of Pregnancy.—Dr. LABELSKI (*Presse Méd. Belge*, March 3), a physician attached to the Warsaw hospitals at the Brussels Academy of Medicine, referred to a simple and certain means for arresting the incoercible vomiting of pregnancy. As soon as this appears, or even the nausea which usually precedes it, a douche of pulverized ether should be directed by Richardson's spray-producer against the epigastric region and the corresponding part of the vertebral column. The douche should be prolonged for from three to five minutes, or even longer, and repeated every three hours. In obstinate cases it should be alternated with douches of chloroform.—*Med. Times and Gaz.*, March 16, 1878.

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Thymol and its Pharmacy —Prof. GERRARD, of University College Hospital, lately read a paper on the above subject, before the Pharmaceutical Society of Great Britain. As thymol is engaging the attention of the medical profession, especially the department of surgery, a few remarks about it may be useful. It is extracted from the essential oils obtained from the common thyme, *Thymus vulgaris;* the horse-mint, *Monarda punctata;* and an Eastern drug called *Ptychotis djonan.* In commerce it consists of irregular broken crystals, nearly transparent and colourless. It has an aromatic taste. Its specific gravity when it is fused is lighter than that of water. It is a powerful antiseptic, superior to carbolic acid. The strongest permanent watery solution of thymol available is 1 in 1000 of hot water. A glycerole of thymol is available thus: 1 gr. thymol is soluble in 120 of glycerine, and can be reduced with water to 600 parts, forming a clear solution. Thymol is more expensive than carbolic acid, yet the difference is not so great when the relative quantities for use are considered. Its pleasant odour and non-poisoning property, added to its other advantages, place it far before any antiseptic at present employed.—*Medical Examiner*, March 28, 1878.

On the Administration of Cod-liver Oil.—Dr. DE PENTEVE writes to *L'Union Médicale* to describe a method to conceal the taste of cod-liver oil and to facilitate its absorption. He mixes a teaspoonful of the oil intimately with the yolk of an egg and ten drops of tincture of peppermint, to which he adds half a glass of sugared water. He thus obtains an emulsion which differs very little from ordinary milk. There is neither the characteristic taste nor the odour of cod-liver oil, and the patients take it without the slightest feeling of repugnance. Further, the oil having been rendered miscible in water in all proportions, it is actually emulsionized, and its absorption is more certainly secured.—*Lond. Med. Record*, February 15, 1878.

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California Wine.—The *Lancet* for March 16, 1878, says: "It has for some time been the opinion of competent judges that in the course of a few years California will send to the European markets wines able to bear comparison with the choicest vintages of the Rhine and the Moselle districts. At the exhibition of wines held in South Kensington a few years back, the wines took a very high place, and led many to think that California is *par excellence* the wine-growing country of the future. A paper on "The Chemical Composition of California Wines," by Mr. W. J. McAdam, will be found in the *Pharmaceutical Journal* for March 2. The results obtained were very favorable, and will tend to justify the expectations entertained regarding the quality of the wines.

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A Curious Case.—A little child at Briton has been killed by accidentally swallowing a squeaking air-bladder. It appears, from information furnished by Mr. G. A. Johnson, that the toy slipped through the glottis with the bladder downwards, and the quill mouth-piece upwards, so that with every inspiration the bladder became more or less inflated, and thus prevented the entrance of air to the lungs, and produced death by suffocation. A verdict of "accidentally suffocated" was returned by the jury. The case must be unique.—*Lancet*, March 16, 1878.

Extraordinary Precocity.—M. LEFEBVRE (*Gaz. Hebd.*, March 8) read a report to the Belgian Academy of Medicine on a case of extraordinary precocity met with in a girl eight years of age, born at Oberpallen, Luxemburg. The child was born very fully developed, having hairs on the pubes. Menstruating at four years of age, she became pregnant at eight by a cousin thirty-seven years of age, who was sentenced to five years' imprisonment for her seduction. The pregnancy terminated by the expulsion of a mole containing a well-characterized human embryo.—*Med. Times and Gaz.*, March 16, 1878.

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A New Living Double Monster.—HESCHL furnishes the description of an examination he has made at Vienna, of a living girl, seventeen years of age, who exhibits an example of a still rarer form of monstrosity than the Siamese Twins or the Two-headed Nightingale, inasmuch as in her case the formation, in place of the upper part of the body being double as in their cases, consists in a doubling of it only below the second lumbar vertebræ, the upper portion resembling that of a pleasing delicate girl of from ten to twelve years of age. The case is a specimen of Förster's *Dipygus tetrapus.*—*The Doctor*, April 1, 1878.

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The Effect of Gaslight upon the Eyes.—A report upon the effect of gaslight upon the eyes has recently been laid before the German Minister for Education by the Scientific Committee for Medical Affairs. The conclusions arrived at are that, according to present experience, gaslight has no prejudical effect upon the eyes, provided that they are sufficiently protected from its direct action. For this purpose, the committee recommend shades and bell-glasses of translucent glass-porcelain. On the other hand, they disapprove of opaque metallic shades, since, when these are used, the eyes, though themselves in shade, gaze upon a strongly-illumined surface, and become dazzled and over-stimulated. On account of the large quantity of heat involved by gas, the burner should not be too near to the heads of persons in the room; the heat is liable to cause headache, and even congestion of the brain. Care should also be taken to prevent the flame from flickering, which is often a source of mischief and annoyance. Where there is any particular irritable condition of the eyes, a dark-blue glass will be found advantageous. The committee believe that with these precautions gaslight may be used without fear of mischief.—*Med. Examiner*, March 28, 1878.

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The Royal College of Physicians and Medical Women.—An extraordinary meeting of the Royal College of Physicians was held on the 18th of March "to consider whether, under any circumstances, the Royal College of Physicians of London is prepared to grant its license to practice physic to women." The following resolution, proposed by Sir George Burrows and seconded by Dr. West, was adopted by an overwhelming majority, "That the Royal College of Physicians, having considered the important question of granting licenses to practice physic to women, resolves, 'That the College do steadily adhere to the terms of its charter, and do not grant licenses to practice physic to women.'"—*Med. Times and Gaz.*, March 23.

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Sir William Jenner and the British Medical Association.—We learn from the *Lancet* (March 2, 1878) that Sir William Jenner has sent in his resignation as a member of the British Medical Association on the ground of the share women are allowed to take in its proceedings. Sir William, it is stated, has, however, consented to postpone his actual retirement until the Council has deliberated as to the course of action it may see fit to take.

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Professor Schwann.—*Nature* for March 28th announces that in a few weeks a festival will be held in the city of Liege to celebrate the fortieth year of the professorship of THEODORE SCHWANN, the author of the cell theory. Many persons will be surprised to learn that the founder of modern histology is not only alive, but is at the present moment actually teaching as professor of physiology in the Belgian University.—*Lancet*, April 6, 1878.

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